



Republic of the Philippines
City of Lapu-Lapu
GENERAL SERVICES OFFICE
Tel. No. 3405311-3412090

REQUEST FOR PRICE QUOTATION

Name of Procuring Entity:	Request for Quotation (P.R. No.): 20-11-1163
Revised on: May 2004	Date : 12/2/2020
Standard Form/Title: REQUEST FOR QUOTATION	Office/End-User : LLC HOSPITAL
COMPANY NAME:	ABC: 150,000.00
ADDRESS:	
TEL NO./FAX NO.:	

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than 10:00 A.M. of December 7, 2020 in the return envelope attached herewith.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written
2. Delivery period within 7C.D. upon receipt of the approved funded Purchase Order (P.O.)
3. Warranty shall be for a minimum of three (3) months for supplies & materials from dated of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days
5. PhilGEPS Registration Certificate shall be attached upon submission of the quotation
6. Bidders shall submit original brochures showing certifications of the product, if applicable

ATTY. JAMES ALLAN SAYSON
 CGADH II - City Legal Office
 BAC Chairman

Item No.	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	Early Childhood Care and Development (ECCD) Card- Boy	3000	Pieces		
2	Early Childhood Care and Development (ECCD) Card- Girl	3000	Pieces		

TOTAL:

Brand and Model: _____ Warranty : _____
 Delivery Period : _____ Price Validity: _____

After having carefully read and accepted your General Conditions, I / We quote you on the item(s) at prices noted above.

 Printed Name / Signature Date